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STATE FOR PRM/A, GENEVA FOR RMA

E.O. 12958: N/A

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SUBJECT: PRM A/S DEWEY'S DISCUSSIONS WITH IOM - "HOLDING THE PROGRAM IN YOUR HANDS ON A DAILY BASIS"

1. Summary: A/S Dewey and the International Organization for Migration (IOM) Chief of Mission held fruitful discussions during the recent trip by A/S Dewey to W. Africa. Touching on issues related to security, fiscal management and panel physician concerns in the region, Dewey was presented with a debriefing of IOM's role as PRM's "go to" partner for difficult support operations in the region. End Summary.

2. During a representational dinner and private luncheon with IOM COM Antonio Polosa, A/S Dewey was briefed on the extensive support that IOM has provided to the USRP in the region over the past three years. The two focused on three general areas of concern: 1) the expanded role of IOM as a result of 9/11, 2) the cognizance of fiscal responsibility as sound program performance and 3) medical delays and the role of panel physicians.

3. Expanded Role of IOM - Our "go to" Partner. Polosa outlined the dramatic increase in IOM responsibilities since the events of 9/11. As a result of ensuing security concerns associated with the event, DHS ceased interviewing in refugee camps in W. Africa. The USRP then had to bring the caseloads to DHS, which often involved bringing thousands of refugees from remote areas in the bush to capital cities. While the logistics were challenging enough for IOM, a need to have IOM bear the burden of providing infrastructure to OPE and DHS during interviews emerged as a top priority. As no other entity could enter into fiduciary contracts with vendors outside of Ghana, IOM was tapped by PRM to provide everything from building leases, to copiers to car rentals. In addition to this physical support, IOM routinely stepped in to take up the slack of UNHCR efforts in areas where staff was limited or where there was no presence whatsoever. This support included, but wasn't limited to, posting notifications for refugees, providing expediting services at airports for OPE staff and completing odds and ends like photographing refugees. (Comment: While not mentioned in the discussion, it should also be noted that IOM has been the entity assigned to conduct fingerprinting of all refugees determined in need by PRM. End Comment).

4. Fiscal Responsibility - Understanding Funding Limitations. A/S Dewey and Polosa discussed the current low level of funding in which the admissions program finds itself. Polosa acknowledged PRM's concerns noting it was well understood within the ranks of IOM. Committed to sound program performance, Polosa stated that IOM/Accra was cognizant of ensuring fiscal responsibility went hand in hand with project development.

5. Medical Delays - Panel Physicians Still Cause Problems. A/S Dewey queried Polosa about the role IOM plays regarding the medical examinations in the region. Explaining the support role to panel physicians, the conversation eventually turned to the continuing problems faced with some panel physicians in the region. Refcoord provided a few glaring examples of instances where refugees were delayed for years due to panel physician slowness or ineptitude. Polosa reinforced that if the medicals did not come in from the panel physicians, then the refugees could not move. Refcoord discussed some creative ways the field had gotten around problem physicians, noting "facilitated" exams by IOM doctors sent to posts to "assist" panel physicians, sending cables to posts encouraging face-to-face discussions on poor performance. Noting that IOM was tapped to provide the medical services in Abidjan for the recent operation, Refcoord remarked that the decision to utilize IOM was not only to benefit the very strict timeline, but also because our experience with the Abidjan panel physicians were so poor in the past that we couldn't risk having them jeopardize the operation. Further describing dramatic cost discrepancies between fees for the Canadians vs. the Americans, Refcoord noted that this was an additional issue that needed attention. For example, in Banjul

the panel physician charges the USG at least 3 times the rate of the same exam for the Canadians.

16. "Holding The Program in Your Hands on a Daily Basis". To summarize the issues, Polosa noted that there were so many permutations to the operation that one had to hold the program in his hands on a daily basis. A/S Dewey appreciated the comment, carrying it through to other meetings throughout the trip. Voicing strong appreciation for IOM efforts, the Assistant Secretary yet again provided heartfelt encouragement to

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the daily efforts of a valued USRP team member.